

Please note that in order to provide certificates at the completion of training, a completed registration form for each student is needed.

Course Title: **SWAT Team Leader Development**  
Location: **Rapid City, SD**  
Course Date: **March 7-11, 2011**  
Course No.: **20110560**

**Registrations limited to sworn law enforcement personnel. All students please complete the following:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
Rank \_\_\_\_\_ Assignment: SWAT \_\_\_ Patrol \_\_\_ CNT \_\_\_ TEMS \_\_\_ Other (*Describe*) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home E-mail \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Agency Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your Phone # at Agency Phone \_\_\_\_\_ Agency Fax \_\_\_\_\_  
Your E-mail at Agency \_\_\_\_\_  
Send U.S. mail to: Home \_\_\_\_\_ Agency \_\_\_\_\_

**Student Liability Waiver**

In consideration of my attendance and participation in the National Tactical Officers Association's Training Course, I hereby, for myself, my heirs, executors, administrators and assignees, waive and release any and all rights and claims for damages I may have or may accrue against the National Tactical Officers Association, its officers or instructors, and co-host agency for any and all injuries which may be suffered by me as a result of my attendance and participation.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send Completed Registration to:**

Fax: (605) 394-2220  
Mail: Pennington Co. SO ATTN: Lt. Jay Evenson,  
300 Kansas City St., Rapid City, SD 57706  
E-mail: jay.evenson@co.pennington.sd.us